

**Delaware Division of Corporations  
401 Federal Street – Suite 4  
Dover, DE 19901  
Phone: 302-739-3073  
Fax: 302-739-3812**

**Certificate of Formation of a  
Limited Liability Company**

Dear Sir or Madam:

Enclosed please find a copy of the Certificate of Formation to be filed in accordance with the Limited Liability Company Act of the State of Delaware. The fee to file the Certificate is \$90.00. You will receive a stamped filed copy of your submitted document. A certified copy may be requested for an additional \$30. Expedited services are available. Please contact our office concerning these fees. Please make your check payable to the "Delaware Secretary of State".

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State  
Division of Corporations

encl.  
rev. 07/04

**STATE *of* DELAWARE**  
**LIMITED LIABILITY COMPANY**  
**CERTIFICATE *of* FORMATION**

- **First:** The name of the limited liability company is \_\_\_\_\_
- **Second:** The address of its registered office in the State of Delaware is \_\_\_\_\_  
\_\_\_\_\_ in the City of \_\_\_\_\_. The  
name of its Registered agent at such address is \_\_\_\_\_
- **Third:** (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is \_\_\_\_\_.")
- **Fourth:** (Insert any other matters the members determine to include herein.)

**In Witness Whereof**, the undersigned have executed this Certificate of Formation this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
Authorized Person(s)

Name: \_\_\_\_\_  
Typed or Printed